Position Description

| Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services. CHECK ONE: NEW POSITION EXISTING POSITION | | | | Agency Number |
|--|------------------|----------------------|------------------------------|------------------|
| Part 1 - Items 1 through 12 to be completed by de | epartment head o | or personnel office. | | |
| 1. Agency Name | 9. Position No. | 10. Budget Program | n Number | |
| Department of Agriculture | K0217939 | 61010 | | |
| 2. Employee Name (leave blank if position vacant) | | 11. Present Class T | Title (if existing position) | |
| | | Senior Administrat | tive Assistant | |
| 3. Division | | 12. Proposed Class | Title | |
| Division of Water Resources | | | | |
| 4. Section | For | 13. Allocation | | |
| Water Management Services | | | | |
| 5. Unit | Use | 14. Effective Date | | Position |
| Data Entry | | July 1, 2012 | | Number |
| 6. Location (address where employee works) | By | 15. By | Approved | |
| Topeka Shawnee | | | | |
| City County | | | | |
| 7. (circle appropriate time) | Personnel | 16. Audit | | |
| Full time Perm. Inter. | | Date: | By: | |
| Part time Temp. % | | Date: | By: | |
| 8. Regular hours of work: (circle appropriate time) | Office | 17. Audit | | |
| | | Date: | By: | |
| FROM: 8:00 (AM/PM To: 5:00 AM/PM) | | Date: | By: | |
| PART II - To be completed by department head | nerconnel office | | · | al . |

18. If this is a request to relocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name

Title

Position Number

Brenda Curl; Data Management Supervisor, Administrative Specialist; K0073560

Who evaluates the work of an incumbent in this position?

Name Title Position Number
Brenda Curl; Data Management Supervisor, Administrative Specialist; K0073560

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are

given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

The employee will be given limited latitude to complete data entry and quality control/quality assurance functions as such duties depend on consistent application of procedures to ensure the accuracy and timeliness of the data. Scanning and filing duties will be given limited latitude to refine workflow and categorization. The employee will be given detailed directions and expected production goals for most tasks and will have peer and supervisory resources available to work through problems as they arise.

| duties:) | |
|---|--|
| | being done (use an action verb); to whom or what is the action directed (object of action); why is the action ef); how is the action being done (be brief). For each task state: Who reviews it? How often? What is it |
| Number Each Task and Indicate Percent of Time | |
| 45% | Data entry – Enter data, usually from hand-written forms, into the water rights information system (WRIS) database through a series of customized user interface screens. There is a constant volume of this work throughout the year with seasonal peaks of projects like the annual water use reports when over 14,000 hand-written cards are received from the water right holders across the state; the information is entered into the database beginning in February with a completion deadline of April 12. Some of the other work can be complicated by the rules associated with water right maintenance. |
| 45% | Scanning and filing – The Division of Water Resources has decades worth of paper files that need to be scanned and properly filed so that the information can be archived and accessible. This position will be the lead worker in this effort and will work with other staff to properly scan and catalogue these paper files. |
| 10% | Other duties as assigned. |
| | |
| | |

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job

| 22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position. |
|---|
| () Lead worker assigns, trains, schedules, oversees, or reviews work of others.() Plans, staffs, evaluates, and directs work of employees of a work unit. |
| () Delegates authority to carry out work of a unit to subordinate supervisors or managers. |
| b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position. Title Position Number |
| |
| |
| |
| |
| |
| |
| |
| |
| 23. Which statement best describes the results of error in action or decision of this employee? |
| (X) Minimal property damage, minor injury, minor disruption of the flow of work.() Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others. |
| () Major program failure, major property loss, or serious injury or incapacitation. |
| () Loss of life, disruption of operations of a major agency. |
| Please give examples. |
| |
| |
| |
| |
| |
| |
| 24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials? |
| |
| Little to no contact with the public is anticipated for this position. |
| |
| 25. What hazards, risks or discomforts exist on the job or in the work environment? |
| Normal office environment. Will have to lift boxes of paper, move paper around. |
| |
| |
| 26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used. |
| Keyboard and personal computer for data entry/ daily. Scanner for scanning paper files/ daily. |
| State and State |
| PART III - To be completed by the department head or personnel office |
| 27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment |
| in this position. |
| Education - General |
| |
| |
| Education or Training - Special or professional |
| |
| |

| License, certificates and reg | istrations | | | | |
|--|---------------------------|------------------|---|---------------------|--------------------|
| | | | | | |
| | | | | | |
| Special knowledge, skills an | d abilities | | | | |
| | | | | | |
| | | | | | |
| Experience - Length in years | s and kind | | | | |
| | | | | | |
| | | | | | |
| 28. SPECIAL QUALIFICATION | ONG | | | | _ |
| State any additional qualifi | cations for this position | | | | |
| a necessary special require education and experience s | | | | | |
| selective certification. | tatement on the class | specification. 7 | special requirement in | ust be fisted fiere | on order to obtain |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Signature of Employee | Date | | Signature of Personnel | Official | Date |
| | | Appro | ved: | | |
| | | ПРР | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | | | | |
| Signature of Supervisor | Date | | Signature of Agency F | lead | Date |
| | | | | | |